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Bib Data Sheet

CONFIRMATION NO. 19

SERIAL NUMBER 10/663,054	FILING DATE 09/15/2003 RULE	CLASS 367	GROUP ART UNIT 3662	ATTORNEY DOKKE NO. 83091
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APPLICANTS

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** CONTINUING DATA ***** *None*26
** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/08/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	MA	2	14	2

ADDRESS

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Naval Undersea Warfare Center
Division, Newport
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Newport, RI
02841-1708

TITLE

Decision feedback equalization pre-processor with turbo equalizer

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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